



BARBARA K. CEGAVSKE
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JAN 15 2016

SECRETARY OF STATE
ELECTIONS DIVISION

#2527

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Ballot Question)
<input type="checkbox"/> Annual (Due on or before January 15th of <u>each</u> year; NRS 294A.230(4)(b))	
<input type="checkbox"/> Amended Registration: check all that apply	<input type="checkbox"/> Change Officers <input type="checkbox"/> Change Registered Agent <input type="checkbox"/> Change Address
	<input type="checkbox"/> Change Name <input type="text"/> Previous Name of PAC
	<input type="checkbox"/> Other: <input type="text"/>

Name of Committee:

EMG PAC

Telephone:

888-316-5364

Mailing Address:

2620 Regatta Dr. STE. 102

Las Vegas

NV

89128

Street Name, Number

City

State Zip Code

PAC Active Email Address: **PURPOSE:** Briefly state the purpose for which the PAC was organized.

Contribute donations to political organizations and candidates

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Telephone:

EMG Registered Agent Services

888-316-5364

Physical Address:

2620 Regatta Dr. STE. 102

Las Vegas

NV

89128

Street Name, Number

City

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒

Date:

1/15/2016

Signature of Registered Agent



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 Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Andre' Haynes, President-Secretary-Treasurer-Director Telephone: 888-316-5364

Mailing Address: 2620 Regatta Dr. STE. 102 Las Vegas NV 89128
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____
 Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: _____ Telephone: _____

Mailing Address: _____
 Street Name, Number City State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address: _____
 Street Name, Number City State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address: _____
 Street Name, Number City State Zip Code

SUBMITTED BY:

X
 Signature of Representative of Group

Printed Name: Andre' Haynes Date: 1/15/2016 Telephone: 888-316-5364